PROVIDER SERVICE SUMMARY PROVIDER INFORMATION			
Name of Provider:			
Lathrop R II School District Mailing Address:			
700 East Street	State: Zip		Zip Code:
Lathrop Phone Number: Fax Nu	Missouri		64465
			lathrop.k12.mo.us
PRIMARY CONTACT INFORMATION			
Name: Dr. Charles Blackburn	Phone Number: 816-528-7500		
E-Mail Address			
cblackburn@lathrop.k12.mo.us SERVICES			
Areas to be served by provider:			
All school districts in Missouri			
Specific districts or counties. Please list: Lathrop R II School District			
Number of sessions per week: 2 - 5			
Cost per session: \$25.00			
Proposed location of service delivery:			
☐ Student's school site ☐ Provider site			
Other:			
If service delivery is not at the student's school, is transportation provided? If so, is there a			
separate fee? (Note: Districts are not required to provide or pay for transportation).			
N/A			
Certification of instructors:			
☐ Baccalaureate degree in education or			
Baccalaureate degree in related field of instruction. Please list related field(s):			
Certified Teachers			
Additional education and/or experience:			
☐ Masters level degrees or above in either reading or mathematics ☐ Missouri teacher certificated/licensed teachers			
Experience teaching students with specific disabilities			
Experience teaching LEP students			
Ability to speak languages other than English. Please list:			
Tutoring subjects available:		Grade Levels	
	Math Core Cur		3-5 \(\times 6-8 \(\times 9-12 \)
Title of tutoring curriculum utilized: Core Curr., Gate McGinite, PLATO			
Time of Service: Before School		Mode of Instru ☐ Individual Tut	ctional Delivery:
☐ After School			
Weekends		☐ On-Line/Web	
☐ Summer ☐ Other:		Other:	
Other.			
Specifics of reporting to parents & school (check all that apply):			
Method:		Frequency:	
		☐ weekly	
☐ phone calls☐ conference with parents☐		☐ bi-monthly☐ monthly	
conference with parents & scho	ool	other:	
□ other: assessment results			

055 405 01444